



Rockville Swim and Fitness Center

CPR/AED for the Professional Rescuer & First Aid Class Schedule Spring 2014

CPR/AED for the Professional Rescuer

The purpose of this American Red Cross course is to teach the skills needed to respond appropriately to breathing and cardiac emergencies. This full length course includes the use of automated external defibrillation. This class is for nurses, technicians, lifeguards, doctors, EMTs, paramedics and anyone else in the health care profession. (Lifeguards should take this course if their CPR/AED certification has already expired.)

First Aid Training

This American Red Cross First Aid course will give individuals the knowledge and skills necessary to recognize and provide basic care for injuries and sudden illness until advanced medical personnel arrive and take over. Perfect for daycare employees, camp counselors, baby sitters, parents and or anyone responsible for the care of someone else.

CPR/AED Training	\$125.00
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First Aid Training	\$60.00
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REGISTRATION INFORMATION:

Fill out the form on the reverse side of this flyer. You can register **in person** at any City of Rockville Recreation and Parks Facility, **on-line** at <https://rockenroll.rockvillemd.gov/>, **by fax** (240-314-8759), or **by mail** (355 Martins Lane Rockville MD 20850). Payment is due at the time of registration. If you have any questions, please call the Rockville Swim and Fitness Center at 240-314-8750 or email: swimcenter@rockvillemd.gov. Make checks payable to: "The City of Rockville".

CPR/AED for the Professional Rescuer #46853

Day	Date	Time
Saturday	4/5/14	4:00pm-9:00pm
Sunday	4/6/14	4:00pm-9:00pm

First Aid #46872

Day	Date	Time
Tuesday	4/8/14	4:00pm-9:00pm

CPR/AED for the Professional Rescuer #46854

Day	Date	Time
Sunday	5/4/14	12:00pm-4:00pm
Sunday	5/11/14	12:00pm-4:00pm

First Aid #46873

Day	Date	Time
Monday	5/5/14	4:00pm-9:00pm



City of
Rockville
Get Into It

Rockville Swim and Fitness Center
355 Martins Lane
Rockville MD 20850
240-314-8752
www.rockvillemd.gov/swimcenter



City of Rockville ❀ Spring 2014 Registration Form

MAIN CONTACT: *required information

*Home/Cell Phone: _____ ☐ Check here if new address/phone since last time registered.

*Last Name _____ First Name _____ DOB: / / Sex: M/F

*Address: _____

*City/State/Zip _____

*Work Phone _____ * Email Address: _____

EMERGENCY CONTACT: (other than parent or adult participant)

First Name _____ Last Name _____ Phone _____

PARTICIPANTS:

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Activity/ Class Name	Course #	School Attending	Sch. Yr. 13-14 Grade	Fee

Rec Fund: \$ _____ Sr. Ctr. Mem: \$ _____ Multi-Course Discount: \$ _____
 \$5 _____ \$10 _____ \$20 _____ Contribution to Recreation Fund: \$ _____
 Total: \$ _____

Special Needs: Participants with special needs should contact our office three weeks prior to activity.

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

*Signature of Participant/Guardian _____

PAYMENT

Amount Paid \$ _____ Cash ☐ Check # _____



☐ Exp. Date ____/____

Signature (name on card) _____

OFFICE USE ONLY:

Check _____ Cash _____ Charge _____

Other _____

Processed by:

Date Processed:

Total Paid: \$